

GENERAL AND SPECIALIZED CONTRACTOR'S APPLICATION FOR REGISTRATION

DATE: _____

REGISTRATION #: _____

A. STATUS OF APPLICANT: (check one)

☐ Individual acting as a sole proprietor

☐ Individual affiliated with: _____
Name of Corporation or Partnership (Name of Business)

B. Name of Individual License Holder: _____

S.S. # or EIN #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home: _____

Fax #: _____ Cell Phone: _____

E-mail: _____

Contact Person: _____

C. Yearly Fee: \$50.00

Card Replacement Fee: \$10.00

TYPE OF APPLICATION

☐ NEW ☐ RENEWAL

D. Out of town applicants - five verifiable, completed jobs:

	Name	Address	Contact Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

E. ☐ Received Liability Verification

E. ☐ Received Workmen Compensation Verification

I CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE

(Date)

(Signature of License Holder)